

Division of Land Pollution Control
INDIANA STATE BOARD OF HEALTH
1330 West Michigan Street
P. O. Box 1964
Indianapolis, Indiana 46206

IND016364507 G/SD
COMMONWEALTH EDISON CO. STATE LINE
103RD & LAKE MICHIGAN
HAMMOND, IN 46326



FORM E:

Installation Identification Form

ENVIRONMENTAL MANAGEMENT BOARD

INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5-2.

I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 1985

FORM G:
GENERATOR BIENNIAL REPORT

☒

FORM F:
FACILITY BIENNIAL REPORT

☐

DID NOT GENERATE/TSD HAZARDOUS

☐

SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE
GENERATE LESS THAN 100 Kg PER MONTH ☐ GENERATE BETWEEN 100 & 1000 Kg PER MONTH ☒

II. INSTALLATION'S EPA I.D. NUMBER

IND016364507

III. NAME OF INSTALLATION

STATE LINE STATION COM ED

IV. INSTALLATION MAILING ADDRESS

Street or P. O. Box

P.O. BOX 7672 N LASALLE

City or Town

CHICAGO

State

IL

Zip Code

60690

V. LOCATION OF INSTALLATION

Street or P. O. Box

103RD AND LAKE MICHIGAN

City or Town

HAMMOND

State

IN

Zip Code

46326

County

LAKE

VI. INSTALLATION CONTACT

Last Name

First Name

Phone (area code & no.)

LONG

JOHN

219/659-0036

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Thomas E. Hemminger

Director of Water Quality

(A.) PRINT OR TYPE NAME AND TITLE

Steven K. Winkler
(B.) SIGNATURE

2-27-86

(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).

PAGE 1 OF 4





Commonwealth Edison

72 West Adams Street, Chicago, Illinois
Address Reply to: Post Office Box 767
Chicago, Illinois 60690 - 0767

6041295

MAR 3 3 00 PM '86

DIVISION
POLLUTION
BOARD

February 5, 1986

LAND
POLL
CONTROL
BOARD

CERTIFIED MAIL

Division of Land Pollution Control
Indiana State Board of Health
1330 West Michigan Street
Post Office Box 1964
Indianapolis, Indiana 46206
Attention: David D. Lamm

Subject: Commonwealth Edison Company 1985
Hazardous Waste Biennial Report

Dear Mr. Lamm:

Enclosed is the Commonwealth Edison Company's 1985 Biennial Report for hazardous waste generated at our State Line Station facility. Questions regarding this report should be addressed to Judy Freitag of my staff at 312/294-3016.

Sincerely,

Thomas E. Hemminger
Director of Water Quality

3971E
JAF:TEH:dd
Enclosure



FORM G: GENERATOR ANNUAL REPORT FOR THE YEAR ENDING DEC. 31, 19

ENVIRONMENTAL MANAGEMENT BOARD

(Collected under the authority of IC 13-7-8.5-2 Indiana Environmental Management Act)

VIII. GENERATOR'S EPA ID NUMBER I N D 0 1 6 3 6 4 5 0 7

IX. TRANSPORTATION SERVICES USED This information is required only on one copy of Form G. List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

SET Liquid Waste Systems, Inc.

ILD 000810549

X. FACILITY'S NAME (specify) FACILITY'S EPA ID NUMBER

A L C H E M - T R O N , I N C O H D 9 8 0 5 6 9 4 3 8

XI. FACILITY'S ADDRESS

Street or P. O. Box 7 4 1 5 B E S S E M E R A V E N U E

City or Town C L E V E L A N D State O H Zip 4 4 1 2 7

XII. WASTE IDENTIFICATION

LINE NUMBER	(A.) DESCRIPTION OF WASTE (limit to 45 characters)	(B.) DOT HA- ZARD CLASS	(C.) EPA HAZARDOUS WASTE (see codes)	(D.) AMOUNT OF WASTE (in Pounds or Tons)	(E.) UNIT OF WEIGHT (circle one)	
1	Waste Corrosive Liquid, Nos.	0 2	D 0 0 2	- - - 1 2 5 1	(P)	T
2					P	T
3					P	T
4					P	T
5					P	T
6					P	T
7					P	T
8					P	T

XIII. COMMENTS (enter information by line number -- see instructions)

ANNUAL REPORT COVER PAGE

REF NO.

Company Name Commonwealth Edison Co. State Line EPA ID Number 1ND016364507

LABEL DISCREPANCIES: Yes?

Company Name

ID #

Mailing Address ☐

Person Reviewing Ted Warner

Q/A Check done by NWB

FORM PAGE LINE

CORRECTION

[illegible]

COMMENTS

OK

FOR WANG/LOG USE ONLY

SEQ NO FORM E

SEQ NO FOR FORM G & F _____ thru _____

To _____

SEQ NO FOR FORM G & F thru

To

SEQ NO FOR FORM G & F thru

To

To

SBI 66-026 1/84
SF 14005



FORM G: GENERATOR ANNUAL REPORT FOR THE YEAR ENDING DEC. 31, 19

ENVIRONMENTAL MANAGEMENT BOARD

(Collected under the authority of IC 13-7-8.5-2 Indiana Environmental Management Act)

VIII. GENERATOR'S EPA ID NUMBER I N D O 1 6 3 6 4 5 0 7

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X. FACILITY'S NAME (specify) FACILITY'S EPA ID NUMBER
U S E C O L O G Y N V T 3 3 0 0 1 0 0 0 0

XI. FACILITY'S ADDRESS

Street or P. O. Box P O B O X 5 7 8
City or Town B E A T T Y State N V Zip 8 9 0 0 3

XII. WASTE IDENTIFICATION

LINE NUMBER	(A.) DESCRIPTION OF WASTE (limit to 45 characters)	(B.) DOT HA- ZARD CLASS	(C.) EPA HAZARDOUS WASTE (see codes)	(D.) AMOUNT OF WASTE (in Pounds or Tons)	(E.) UNIT OF WEIGHT (circle one)
1	Waste Poisonous Solid, Corrosive, Nos.	0 2	D 0 0 2	- - - - 2 5 0	(P) * * * * T
2					P * * * * T
3					P * * * * T
4					P * * * * T
5					P * * * * T
6					P * * * * T
7					P * * * * T
8					P * * * * T

XIII. COMMENTS (enter information by line number -- see instructions)

WATER
ATTACHMENT TO STATE'S GENERATOR BIENNIAL
HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985.

The Hazardous and Solid Waste Amendments of 1984 require all generators of hazardous waste to submit the following information to the United States Environmental Protection Agency or a State authorized to collect such information:

Generator's EPA I.D. No. I N D 0 1 6 3 6 4 5 0 7

Waste Minimization

Describe in the space below your efforts, undertaken during calendar year 1985, to reduce the volume and toxicity of the hazardous waste which your business generates. Also describe changes in waste volume and toxicity actually achieved during 1985 in comparison to previous years, to the extent possible.

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Thomas E. Hemminger	Director of Water Quality		
Print/Type Name	Title	Signature	Date Signed